HOUSE BILL REPORT SSB 5745

As Passed House:

March 4, 2022

Title: An act relating to increasing the personal needs allowance for persons receiving state financed care.

Brief Description: Increasing the personal needs allowance for persons receiving state financed care.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Liias, Keiser, Conway, Nobles and Wilson, C.).

Brief History:

Committee Activity:

Appropriations: 2/28/22 [DP].

Floor Activity:

Passed House: 3/4/22, 96-0.

Brief Summary of Substitute Bill

 Increases the personal needs allowance for certain clients receiving Home and Community—Based waiver services authorized by the Department of Social and Health Services Home and Community Services Division while living at home to 300 percent of the Federal Benefit Rate, effective July 1, 2022.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass. Signed by 33 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Stokesbary, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Corry, Assistant Ranking Minority Member; Boehnke, Caldier, Chandler, Chopp, Cody, Dolan, Dye, Fitzgibbon, Frame, Hansen, Harris, Hoff,

House Bill Report - 1 - SSB 5745

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Jacobsen, Johnson, J., Lekanoff, Pollet, Rude, Ryu, Schmick, Senn, Springer, Steele, Stonier, Sullivan and Tharinger.

Staff: Mary Mulholland (786-7391).

Background:

Federal law requires Medicaid recipients to contribute to the cost of long-term care. The contribution amount is determined by deducting certain amounts from a recipient's monthly income. One of the permitted deductions is the personal needs allowance (PNA), which is the amount of the Medicaid recipient's own income that can be kept and spent on personal items. After deducting the PNA and other allowable deductions, all remaining income goes toward the cost of care.

The PNA in Washington is \$71.12 per month for persons in nursing facilities or institutions, and for persons in residential care, such as in an adult family home or assisted living facility. The PNA for individuals living at home varies and is dependent on marital status. Currently, the PNA for single clients who live at home while receiving Home and Community–Based (HCB) waiver services authorized by the Department of Social and Health Services (DSHS) Home and Community Services (HCS) is set in rule at 100 percent of the Federal Poverty Level (FPL), now \$1,074 per month, and may be updated for the calendar year 2022 FPL on April 1. The Federal Benefit Rate (FBR) is the amount of money that the federal government provides for Supplemental Security Income recipients. The FBR varies and is dependent on marital status. For calendar year 2022, the FBR is \$841 per month for eligible individuals who are single.

Summary of Bill:

Unless subject to a separate determination of a monthly maintenance needs allowance for a community spouse as specified in rule, beginning July 1, 2022, the PNA for clients receiving HCB waiver services authorized by DSHS-HCS while living at home is increased to 300 percent of the FBR and shall not exceed the maximum PNA permissible under the federal Social Security Act.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill is one of the best bills introduced in the past 25-30 years. The PNA

House Bill Report - 2 - SSB 5745

for long-term care Medicaid clients living in their own homes is far below the national median. There are seniors in the state who must live on \$1,074 per month for rent, utilities, transportation, food, and other essential needs. People may pay up to two-thirds of their incomes towards their cost of care. No other benefit requires people to pay so much to get the help they need. People experience significant anxiety over paying their bills. This bill will help pull almost 6,000 seniors out of poverty and will alleviate a tremendous amount of stress. It will also help contain future state spending by helping people remain in their own homes and potentially avoiding the need to transfer to institutional care.

(Opposed) None.

Persons Testifying: Peter Nazzal, Catholic Community Services; and Kate White Tudor, Washington Association of Area Agencies on Aging.

Persons Signed In To Testify But Not Testifying: None.

House Bill Report - 3 - SSB 5745